

# The American Practitioner.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### A SUCCESSFUL CASE OF GASTROSTOMY FOR CARCINOMATOUS STRICTURE OF THE ESOPHAGUS.

BY SAMUEL W. GROSS, A.M., M.D.

*Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College, of Philadelphia.*

A married woman, fifty-one years of age, was transferred from the throat department of the Jefferson Medical College Hospital to my wards on the 29th of January, 1884, on account of increasing difficulty in swallowing. Eight months previously, she began to experience pain between the scapulæ and in the right hypogastrium whenever she took solid or liquid food, and one month subsequently, dysphagia, along with regurgitation, made its appearance. She soon restricted herself to liquid diet, which amounted to about two quarts of milk, three or four eggs, and occasionally some broth, in the twenty-four hours. For a month previous to her admission, the daily amount of milk averaged one quart, and she had frequent attacks of spasm, which prevented nourishment altogether. During this time a medium-sized bougie had been passed every second day, its insertion growing, however, more and more difficult, and it was found impossible, a few days before her admission, to insert an elastic

tube either by the nares or the mouth through the obstruction for the purpose of alimentation. Her weight was reduced from one hundred and twenty-eight to one hundred and eight pounds, and she was losing flesh at the rate of one pound a week. In other respects her condition was fairly good.

Bougies of various sizes met with an obstruction at about one inch and a half below the cricoid cartilage, which could not be overcome without what I considered to be a dangerous amount of force, and efforts to pass a soft tube were equally unsuccessful. In view of the age of the patient and the absence of a history of syphilis or of the swallowing of a corrosive fluid, the diagnosis of carcinoma was made, although there was neither lymphatic involvement nor other external evidence of that affection.

The object and risks of gastrostomy having been fully explained to the patient, she was glad to submit to any operation which might prolong her life. Accordingly, on the 31st of January, with the assistance of Professor Brinton, Dr. Hearn, Dr. Allis, Dr. Barton, and Dr. Parrot, I made an incision about three inches long beneath the line of the eighth and ninth costal cartilages down to the peritoneum, the outer portion of the rectus muscle, which was abnormally broad, requiring division, which delayed the opening of the peritoneal cavity until the hemorrhage had been arrested with hot water and four ligatures. On incising the peritoneum the stomach at once came into view, and two silver wires were passed through its two outer coats, at a distance of six lines from each other in order that they might be used to steady the organ during the succeeding steps of the operation. An outer row of sutures was now passed through the serous and muscular coats of the stomach and the entire thickness of the wall of the abdomen, after the manner of Mr. Howse, of Guy's Hospital, and their insertion was greatly facilitated by arming each thread with two needles. As much of the divided edges of the peritoneum were next united to the stomach with the continued suture as sufficed to leave the latter exposed for an area as large as a five cent piece, and the remainder of the

superficial wound was closed with interrupted sutures in such a manner as to leave a central opening corresponding with the exposed stomach. The spray was not used, but the sutures, ligatures, gauze, and other dressings had been thoroughly soaked in a one-to-one-thousand solution of corrosive sublimate, and the instruments and hands were purified with the usual solution of carbolic acid.

The patient reacted well, and the evening temperature denoted an elevation of one degree, while the pulse was increased nine beats. On changing the dressing on the third day the wound was found to be slightly erythematous and discharging a little pus. In the interval, three ounces of nourishment, which consisted of milk, kumyss, eggs, and beef juice, to which pepsin had been added, were administered by the rectum every three hours, and she had taken nearly a pint of dry champagne by the mouth every twenty-four hours. As there was some tympanites, two drams of liquor pancreaticus, four grains of bicarbonate of sodium, and half a grain of carbolic acid were substituted for the pepsin. On the sixth day, the nutrient enemata being, however, continued, she began to take liquid nourishment by the mouth, and the latter was discontinued in two days, as it was found that she experienced no difficulty whatever in swallowing, and that the reflex interscapular and hypogastric pains had disappeared. This marked improvement continued for eight days, when dysphagia necessitated a return to the nutrient enemata, which were persisted in for three additional days, when the stomach was opened, three weeks having elapsed since the performance of the first step of the operation. The outer row of stitches was removed on the sixth day, the ligatures having come away forty-eight hours previously.

In opening the stomach, the partially loose continued suture was utilized to steady the organ, the silver wires having cut their way out. The puncture, which was made with a small scalpel, was followed by slight hemorrhage, and the patient was fed through an elastic tube, of which the distal end was fashioned like the point of a pen to facilitate its insertion, while the

proximal extremity was attached to a small glass funnel. After feeding, the funnel was detached, and the tube, having been knotted to prevent the escape of the contents of the stomach, was retained in place by a compress of absorbent cotton and a flannel bandage. At the expiration of one week the tube, which was equal in caliber to No. 16 of the French scale, was withdrawn, and inserted only when it was required; but, as the orifice showed a disposition to contract, it was enlarged at the end of ten days, and a tube of eighteen millimeters in circumference inserted permanently. Through this tube the patient still continues to be fed, and there is no escape of gastric juice or of food. The continued suture, it should have been stated, was removed when the stomach was opened.

At the present date, seven weeks after opening the stomach, the condition of the patient is excellent, the reflex pains having been entirely relieved, and the strength maintained, although she has not gained in weight. Hence, the desired object of averting death from threatening starvation has been attained, and there is every prospect of maintaining life in comparative comfort for several months.

A personal experience with two cases and a thorough knowledge of the literature of the subject have convinced me that gastrostomy is not only easy of performance, but that it should be resorted to in all cases of carcinoma of the esophagus as soon as dysphagia has set in, for the double object of alleviating suffering and prolonging life. The best incision to reach the organ is that of Bryant, which commences at the outer border of the rectus at the level of the eighth costal cartilage, and is carried for three inches below the borders of the ribs toward the apex of the tenth cartilage, the movable tip of the latter on the ninth cartilage being a capital guide for the termination of the incision. Unless there is imperative need for opening the stomach at once, it will be wise to divide the operation into two stages, so as to insure perfect union of the peritoneal surfaces, and thereby prevent peritonitis from effusion.



To effect this object, the stomach should be stitched to the wall of the abdomen by an outer row of pure silk sutures, as recommended by Howse, in addition to the sutures inserted through the viscus and the edges of the wound, care being taken not to penetrate the cavity of the stomach, lest its contents may pass through the punctures and light up peritonitis, as happened to Volkmann. The opening in the stomach, which may be made after the lapse of five or six days, should not be longer than a quarter or the sixth of an inch, and in making it the organ should be steadied by the two threads or wires inserted at the first operation near the center of the exposed portion. For feeding, an elastic tube of sixteen or eighteen millimeters in circumference may be permanently retained in the opening, but it should be renewed at least every four days.

Gastrostomy for carcinoma has been resorted to at least one hundred and fifty-eight times. Forty-two of the subjects perished as the direct or indirect result of the operation; twenty-one from peritonitis, eleven from pneumonia, bronchitis, and pleurisy, five from shock, four from phlegmonous gastritis, and one from renal convulsions. The mortality may therefore be placed at 26.58 per cent, which is not large when the exhausted condition of many of the patients at the time of its performance is taken into consideration. Two additional cases succumbed, one from hemorrhage from the growth, and the second from suffocation due to perforation of the trachea, while sixty-five died of exhaustion, starvation, or extension of the disease, at periods varying from nine hours to one month. In fourteen the second step of the operation was not completed. Of the entire number, one hundred and nine died in one month; four were living, but how long can not be determined, and forty-five survived longer than one month, the average duration of life after the stomach was opened having been thirty-three days.

Of the forty-five survivors, twenty-seven expired subsequently: two in five weeks, two in seven weeks, eight in two months, two in two months and a half, three in three months, two in four months, two in five months, one in six months, one

in seven months, one in seven months and a half, two in eight months, and one in ten months. Of the remaining eighteen, three were living at the end of one month, two at forty days, one at seven weeks, three at two months, two at three months and a half, two at four months, one at five months, one at six months, one at seven months, one at twelve months and nine days, and one at thirteen months. The last two cases were under the charge of Mr. Walter Whitehead, of Manchester, England, who was kind enough to write me that the first could not live much longer, while the second was still enjoying excellent health.

1112 WALNUT ST., PHILADELPHIA, April 10, 1884.

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## CERTAIN FOREIGN BODIES IN THE EYE, AND HOW TO REMOVE THEM.\*

BY C. D. AGNEW, M. D.

*Clinical Professor of Diseases of the Eye and Ear.*

This woman comes for an affection of the right eye, and we will ask her to tell her own story. About ten days ago, she says, while sitting by an open window, she suddenly felt a sensation in the right eye, as though some thing had "got into it." Since that time the same sensation has continued.

As we inspect the eye we see that the lids are normal, that the pupil is movable, that the eye waters some, that the cornea is apparently clear, and that the conjunctiva is slightly reddened. That is all we can see by unaided vision. Dr. Webster will now take the patient, with a few of the students, into a room convenient for examining the eye by oblique illumination, and in the meantime we will make some remarks regarding the conditions that may give rise to the symptoms of which this patient complains.

\*A clinical lecture delivered at the College of Physicians and Surgeons, New York.

The play of the wind, as she sat by the open window, may have produced inflammation of the palpebral conjunctiva, and thus there would have been produced a sensation as though there was a foreign body beneath the upper eyelid.

This is one of the characteristic symptoms of conjunctivitis. But why do we have this symptom? What physical change occurs in the condition of the surface of the palpebral, or scleral conjunctiva when that membrane is injected? In the natural state of the parts the few blood-vessels which exist in the scleral conjunctiva are so nicely buried, so to speak, in the texture of the mucous membrane, and the surface is so well shingled over with smooth epithelium, that a perfectly soft velvety surface is formed without leaving any rough projections whatever. The same is true with reference to the conjunctiva that lines the lids. But when this membrane becomes injected a villous, roughened surface is formed, the papillæ become engorged and enlarged, and the pressure which this roughness exercises upon the surface of the cornea produces a sensation as if a foreign body were in the eye, and the common complaint is that "the eye feels as though dust had got into it." It is next to impossible to convince a patient, who is in the first stage of a light conjunctivitis, that there is not dust in the eye.

When a patient comes to you complaining of a sensation as if a foreign body were in the eye, you should first examine the eyeball from every point of view. You should then turn over the eyelids and examine their inner surfaces. And here I am reminded of a source of error to which I would call your attention. A few days ago a case came under my observation which illustrates the point.

The gentleman had had occasional attacks of conjunctivitis for a year or more. He had then a sensation as if a foreign body were in the eye. On turning out the right lower eyelid, all that was revealed to sight was a slight redness of the conjunctiva. But there was something in the way in which the sensation of a foreign body in the eye was exaggerated that made me suspect he had a single inverted eyelash. Ordinarily

he felt as if some irritant was there which was tolerable, but suddenly there would be a cramp-like action of the eyelid, the irritation would grow rapidly worse, and the eye fill with tears, followed by the discharge of a little mucus, and temporary relief. His beard was of a sandy color, his hair was light-brown, and his eyelashes were almost colorless. I looked very carefully along the edges of the lids in search of inverted eyelashes, and saw, on the innermost edge of the lower lid, a slight curving of the inner angle. By allowing a tear to gather upon this inner edge I saw that there was a difference in refraction in different portions of the tear, and it soon became evident that a delicate, decolorized eyelash was there, which instead of growing from the outer edge of the lid sprang from the free edge of its inner border. I turned the lid over and found that this delicate eyelash, which was between the edge of the lid and the eyeball had been so long caught in that position that it had worn a little groove in the edge of the eyelid; the spasmodic action of the orbicularis, from time to time, so long continued, had imbedded the eyelash in the substance of the lid. I removed it and no further trouble was experienced. This patient had been treated in Europe for acute conjunctivitis several times, and it is possible that the eyelash was, on those occasions, the cause of all the trouble. An operation will be required to destroy the follicle which produced the misplaced eyelash.

So, when a patient comes to you complaining of a sensation as though there were a foreign body in the eye, between the eyelids and the eyeball, you may first look for conjunctivitis. Whether this be present or not you should then proceed to examine the eye very carefully to see whether a foreign body be present or not. Scan carefully the whole surface of the cornea and of the scleral conjunctiva and then turn over the upper eyelid and carefully inspect its inner surface. You may then scrutinize the edges of the lids, as I have described, in order to see whether the source of the irritation be an inverted eyelash.

To show that a large foreign body may escape observation, I

will relate the following case: Some years ago a young man came to me, who had hanging from beneath the upper eyelid, a little fleshy mass, polypoid in character, and projecting about one twelfth of an inch below the edge of the lid. He had been under the observation of a very careful general surgeon in this city, who some months before had lifted the upper eyelid and removed a similar growth which was probably about half an inch in length; and, without giving any explanation why such a mass of granulation tissue should be growing from a source above the tarsal cartilage, the patient was dismissed. The mass again began to grow, and finally projected from beneath the upper eyelid. I was determined to trace the growth to its origin before adopting any plan of treatment. So I avoided pressing the growth, and turned the lid wrong side out and then turned it over *a second time* to expose the retrotarsal folds thoroughly.

To turn the lid a second time requires a little special manipulation, and I will demonstrate to you how it is done. I direct my patient to look steadily down to the floor, and then I turn the eyelid once in the usual manner, thus exposing so much of the palpebral conjunctiva as covers the tarsal cartilage. I then press the everted lid up against the edge of the brow and turn it over a second time, as the patient rolls the eyeball strongly downward, so that one may look completely up to the bottom of the conjunctival cul-de-sac.

When I had executed this maneuver, in the case I am speaking of, I saw a foreign body about half an inch long lying close in the bottom of the conjunctival cul-de-sac, imbedded in the mucous membrane. It had caused ulceration, and from the edges of the ulcer the granulation tissue had sprouted, which was hanging behind the eyelid in a polypoid mass, the foreign body having escaped observation. When I removed the foreign body it was found to be the terminal twig of a bush, with one extremity somewhat rounded. The patient then recollected that about eighteen months previously, while going through the woods, he had run against a bush, a branch of which had grazed

the upper eyelid of that eye and broken off, leaving the mass imbedded as described above.

It is a difficult thing to restrain our tendency to make impetuous diagnosis. We like to spring at a diagnosis. We feel pleased with ourselves when we jump at a conclusion, making what is called a "snap diagnosis."

As a curious coincidence, at the very time the case just related was under observation, a case came under my care in which a foreign body was found at the bottom of the inferior cul-de-sac. The foreign body was a leaf-like spray from a pine bush. It had escaped observation for nearly a year.

The patient sent out for examination by oblique illumination has returned, and we have the report that there has been discovered what we failed to see with the unaided eye, namely, an extremely small white speck attached to the surface of the eyeball just below the axis of the cornea. The common method of removing a foreign body of that sort is to use what is called a spud. Bowman invented such an instrument. It is useful when the foreign body is imbedded to any degree in the substance of the cornea. But I would advise you to attempt first to remove the foreign body without resorting to the spud, or to a cataract needle, or any other metallic instrument. You can do so, in most instances, by using an instrument made in the following manner: Take a splinter of soft wood, pine or cedar, and whittle it into the shape of a probe, making it about the length of an ordinary dressing probe. Then take a small, loose flock of cotton, and, laying it upon your forefinger, place the pointed end of the stick in the center of it. Then turn the flock of cotton over the end of the stick, winding it round and round, so as to make it adhere firmly. If you will look at the end of such a probe with a two-inch lens you will see that it is quite rough, the fibers of cotton making a file-like extremity, in the midst of which are little interstices. As the material is soft, it will do no harm to the cornea when brushed over its surface.

When ready to remove the foreign body, have the patient rest his head against your chest, draw the upper lid up with the



forefinger of your left hand and press the lower lid down with the middle finger, and then delicately sweep the surface in which the foreign body is embedded, with the end of the cotton probe. When the foreign body is lodged in the center of the cornea, it is most important not to break up the external elastic lamina, for if you do, opacity may follow, and the slightest opacity in the center of the cornea will cause a serious diminution in the sharpness of vision.

The foreign body is now removed; and as we have handled the eye considerably, and the patient has to go some distance, we will shut the eye with a compress of absorbent cotton and a bandage, directing her to remove the dressings when she reaches home, and to bathe the eye with water at any agreeable temperature.

Sometimes slight injuries of that kind, followed by exposure, lead to considerable inflammation, and it is therefore well to guard against all possibilities by precaution in your dressings.

NEW YORK.

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## A CASE OF TRUE CROUP TREATED BY LARGE DOSES OF MERCURY.

BY O. T. SCHULTZ, M. D.

The systematic use of mercury in pseudo-membranous inflammation of the upper air-passages—diphtheria and true croup—dates back to the eighteenth century, and seems to have originated with American practitioners. I am not able to state in what particular manner mercury was first used by the originators of the treatment, what results they attained, and what evil effects, if any, accompanied its methodical employment. The practice seems to have extended rapidly, as every method of treatment for which good results are claimed in severe affections has always done, and very soon we find the leading clinicians of America, England, Germany, and France lauding it highly.

Two methods of using mercury seem to have been in vogue up to the middle of the present century. In the first it was employed early in the disease either in small, oft-repeated doses, or in a few large doses, in conjunction with mercurial inunction. In the second it was given later in the disease, when either its severity had been broken by antimonials, or after all other means had failed. None, however, of the many and illustrious practitioners who recommended mercury in pseudo-membranous inflammation of the upper respiratory tract had pinned their faith solely to either method, but, regarding mercury simply as an efficient auxiliary, had used it in conjunction with such other means as were in vogue at the time; that is, they had bled and blistered and cauterized and vomited and steamed and cut until their patients were no more, much in the same fashion as patients of the present day do under our own blind though well-meaning hands.

A reaction now set in against the mercury-treatment, and authors became either silent or expressed their doubts of the usefulness of mercury in true croup and diphtheria, or positively warned against its employment, deprecating with Steiner the exhaustion accompanying the continued use of the drug, or maintaining with Mackenzie "that experience has long since taught us that the general influence of mercury on the system rather promotes than checks the spread of the exudation."

Still, even during this period of reaction against mercury, many men of large experience had stood up for the beneficial results to be derived from its use, restricting it, however, like Jacobi, to sthenic cases, with a fibrinous deposit, in which the disease remains local and does not give rise to constitutional symptoms, and absolutely condemning its use in asthenic cases that tend to assume the septic or gangrenous form. These upholders of mercury recommended the administration of *fractional* doses of calomel, often repeated, according to the plan of Albeos (one fourth to one half grain every hour until twenty to thirty grains have been given), the practice of exhibiting *large* doses having fallen entirely into disuse.

Within the last five or six years the mercurial method has entered upon another phase—that of a specific for the germs claimed to lie at the bottom of the pseudo-membranous process—and current literature is replete with reports of cures obtained by the cyanide, the red or yellow iodide, the bichloride, and the mild chloride of mercury. And since within the last year or two the king of germ-destroyers has again been found, and found in *mercury*, we will soon have drifted out of carbolomania into a furor hydrargyricus, and we may soon expect to see the specificity of mercury in this form of inflammation proclaimed as an axiom in therapeutics *ex omnibus cathedris*.

But while the great bulk of practitioners employing mercury in this affection at the present time are doing so on account of its germicide properties, a very zealous and enthusiastic apostle of the practice has arisen in the person of Dr. W. C. Reiter, a physician of high standing in Pittsburgh, Pennsylvania, who attempts to explain the brilliant results he has attained in quite a different manner. Dr. Reiter also believes in the specificity of mercury in pseudo-membranous inflammation of the upper air-passages; but while the believer in germs attributes the disease to a contagium virum, for the destruction of which mercury is the specific, Dr. Reiter holds that this inflammation is due to "too much fibrine in the blood," which condition is produced by the liver having lost its fibrine-destroying power, and that mercury is the specific for compelling the liver to resume this function. Be his theory right or wrong, Dr. Reiter has put it into practice with great boldness, and with astonishing results. And he anchors his faith fully and squarely upon mercury in all forms of pseudo-membranous inflammation—fibrinous, septic, and gangrenous, sthenic and asthenic, and without ever engaging in those delicate subterfuges, steaming, burning, or cutting. His results are reported to be marvelous, and unattended with any unpleasant after-effects, while the boldness with which he pushes mercury makes one's hair stand on end. He administers, after an initiatory dose of twenty grains of calomel, ten grains of this mercurial every hour, with potass. chlorat., five

grains, every three hours, for twenty-four or forty hours, or until improvement sets in, and then continues it in smaller doses at longer intervals until the disease is cured. Reiter and his followers think nothing of giving half an ounce, an ounce, or more of calomel to cases of diphtheria or croup, and claim to have witnessed no bad effects, but to have cured the most desperate cases!

Since few persons have had an opportunity of watching the effects of large and oft-repeated doses of mercury, I will here report a case of true croup, in which I followed out Reiter's method fully and to the letter. The case was in my own three-year-old Rudolph; and as I had lost a very promising child but a few months before from the same disease, you can well imagine the misgivings with which I grasped Reiter's straw.

The boy got well. The course of the disease under the mercurial treatment was exactly as Reiter has so graphically portrayed it; no markedly untoward symptoms appeared, still I beg not to be understood as indorsing the treatment; *I merely gave my OWN child the benefit of a doubt, and I present the case simply as a pharmacological study.*

THE CASE: Rudolph, a remarkably strong child of three and a half years, had been out-doors playing the larger part of March 11th, a day which opened with a morning temperature of 60°, brought several hard rain-showers, and closed with the thermometer at 45°. The temperature on morning of 12th was 35°. The child had been very healthy; had passed through an attack of laryngeal catarrh (pseudo-croup) about two years ago, and had several slight bronchial catarrhs during the present winter. On March 11th he was entirely well, and had been so for more than a month. During the night of 11th-12th he coughed three to four times—a hoarse, hacking cough. On morning of 12th he was quite hoarse; hoarseness wore off during the day; feverish; cough not frequent, but barking; no coryza; no bronchial catarrh. He was given iodine and aconite. By evening breathing had become stridulous; cough not very frequent, but barking; voice clear, except when excited,

when it became raw and coarse. Sleep during night was much broken; seasons of moderately easy respiration, alternating with seasons of laborious, stridulous breathing, almost bordering on dyspneic seizures. During these he tosses about, wakes up, and gasps for breath. On morning of 13th he looks pale; face bloated somewhat; throat swelled. He is not hoarse, but his voice is remarkably weak, flat, without any timbre, and readily creaks; the cough is very hoarse, barking, and more frequent. Respiration is very hurried, composed of crowing inspiration and rough, blowing expiration. A severe dyspneic attack occurred at 8 A. M. No appetite. Patient is feverish; the pulse is very rapid, small, 160-180. The sensorium is greatly dulled; usually a bright, sprightly lad, he lies in complete apathy. The velum palati and the tonsils are somewhat swollen; no membrane within view. No signs of nasal or bronchial catarrh. In larynx there is rattling of dry character. Iodine and aconite (Willehaudt's solution, gtt.  $\frac{1}{4}$ , and fl. extr. aconit. rad. gtt.  $\frac{1}{8}$ , every two hours,) have been diligently kept up since yesterday morning.

It is a fact, established by my experience in hundreds of cases of laryngitis, that under the above combination very marked improvement sets in in all the croup symptoms within a very few hours after the inception of this treatment, and that the few cases that do not yield to these agents, but in which the general and local symptoms get worse and worse during the first twenty-four hours of its use, are doomed to die. The first class contains the many cases of pseudo-croup that annually come into my hands, and which get well under any treatment; the latter represents the few cases of true croup, of which I had so far succeeded in saving not one. So valuable do I consider this line of treatment, when the question of diagnosis lies between false croup and true, and so certain and infallible do I regard it, that I trust in it as implicitly as I do in *quinine* to *differentiate a malarial affection*, and in *mercury and potassium iodide* to *single out a syphilitic trouble*. *Each and every one of my cases of croup that did not respond favorably to the above line of treatment terminated*

*fatally*, although I employed in them the various methods known, except tracheotomy, which I have not yet been permitted to practice.

It may now be readily understood with what mental agony I saw my boy rapidly passing from bad to worse, and how I longed to avert a calamity which experience had shown me to be unavoidable, and which had overtaken his brother a few months before, he dying the most horrible of deaths in my own arms.

In my despair I concluded to try Reiter's method. The treatment was begun at 9 A.M. on 13th. The patient was given calomel: twenty grains at 9 A.M., ten grains at 10, five grains each at 11, 12, 1, 2:30, 4:30, 6:30, 8:30, 10:30, 12:30, 2:30, and 5 A.M. of 14th, being *eighty-five grains* in twenty hours. No other remedial measure was made use of.

During this time his condition was as follows: At 12 M. of 13th he is sleeping quietly, breathing easily; the hard sound in inspiration and expiration is replaced by a soft gurgling or babbling; the cough is loose; large, loose râles are heard in larynx; the surface is warmer than normal, soft but not moist; the pulse is very fast and small. At 2 P.M. profuse vomiting; glairy mucus with yellowish flakes; there is one thin, loose, not fetid passage. At 2:30 no more dyspnea; stridor entirely absent; voice clearer, stronger; cough not frequent, loose, barking. Vomited again at 2:45; water and flakes looking like membrane; bearing occasional clots of blood; a similar vomit at 4, and a thin, loose stool containing flakes of white mucus. At 6 is bright, playful, breathing noiselessly, eats some, which he has not done since yesterday; cough still hoarse, loose; voice clear, possessing some timbre, not much given to creaking. Went to sleep at 8 o'clock, sleeping quietly, breathing normally, without any rattling in larynx or any signs of dyspnea; no fever; an abundant, dark passage, coming on rather hurriedly at 11. From this on he slept soundly and well till morning, his sleep broken only by occasional barking cough and by taking his medicine. At 7 A.M. of 14th he had another dark passage; the voice is clear; cough at times hoarse at times not, loose;



respiration easy and noiseless; some feverishness, and pulse is rapid and small. Hydrargyrum bichlorid., one sixteenth grain, is ordered every two hours; but the second dose causing vomiting in half an hour, the dose is reduced to one thirty-second of a grain. About noon began to complain of frequent attacks of belly-ache. Cough is only at times hoarse, respiration is easy, voice is clear; no appetite, no fever. By 4 P.M. has had two passages; the pain in the abdomen continues, is paroxysmal. In evening the cough appears drier and is more frequent and has the characteristics of bronchial cough; small dry râles are heard now for the first time in both lungs. At 10 P.M. hydrargyrum bichlorid., one one-hundredth grain, and ipecac was begun—a dose every two hours. At night patient slept quietly and well, with scarcely any cough.

At 7 A.M. of 15th somewhat hoarse; appetite better; bright and playful; looks pale and has lost considerable flesh; belly-ache is gone; bowels are normal; cough raw, dry, not hoarse, not severe: mercury and ipecac continued.

On 16th the bronchial catarrh was in resolution; soft, mucous râles had taken the place of the dry sibilant; cough loose, not hoarse; the boy was bright and playful; appetite had fully returned; bowels moved normally. The medication was kept up till 17th, when there was no further occasion for its continuance.

*Remarks:* The change from 9 to 12 o'clock of the first day was something wonderful. Several hours before vomiting occurred respiration had become easy and the obstruction in the larynx softened. Patient was lying in a peaceful slumber, the anxious expression of the morning entirely effaced.

As further proof of the melting away of the exudation we find a few hours later the voice partly resuming its timbre. Quite a change from the weak, dead, flat sound of the morning. The vomited matter evidently contained portions of membrane. The act of vomiting was a sudden and powerful effort. There was not much gagging, and after the stomach was relieved quiet was restored. The vomiting was evidently caused by the mercury. There were but six easy feculent passages in the forty-

eight hours of the mercurial treatment. There was no straining, but considerable tormina set in on the second day, which at once disappeared when the dose of the mercurial was diminished. The bronchitis following upon the croup was evidently equally benefited with the primary disease. The mental hebetude, feverishness, extremely rapid, soft, and small pulse, pale, bloated face, swollen neck, steady increase in the laryngeal symptoms notwithstanding the previous treatment, justify the diagnosis of true croup; and this opinion is confirmed by the flakes of membrane vomited and the course of the disease, corresponding, as it does, in all respects with that described by Dr. Reiter, the originator of this method of treatment.

MT. VERNON, IND.

## Reviews.

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**Opera Minora:** A Collection of Essays, Articles, Lectures, and Addresses, from 1866 to 1882, inclusive. By EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System in College of Physicians and Surgeons, New York, etc. New York: G. P. Putnam's Sons. 1884.

During his self-imposed exile in Switzerland the author still makes himself felt in medical circles by this collection of his lesser works. Some of these we have already on our shelves in the volumes of various periodicals, others are filed as brochures, others have been lost to us somehow in the waste of eighteen years. There is not one we are not glad to see bound in substantial covers, indexed for reference. Most of them contain clinical observations, either new or striking; some are physiological and others pathological. Nearly all of them are related somehow to the special branch of neurology, and not a few have had a decided influence in molding professional opinion concerning certain vexed questions of that science.

The name of Seguin is inseparably associated with medical thermometry in America. The contribution on that subject is of interest at least historically. Three articles on the hypodermic uses of quinine, though written sixteen years ago, may still be read with profit. Then follow careful bedside and dead-room studies on aphasia, mania, general paresis, infantile paralysis, and traumatic neuralgia.

In chronological order occurs the author's account of tetanoid paraplegia, which Leyden concedes to be the first description ever written of that symptom-group, and his later article, written six years after, disputing the general belief that it was associated uniformly with sclerotic change in the

lateral columns. As a practical teacher Dr. Seguin appears to have got very near his pupils. Many of his articles were written to clear up the parts of his science which, to the average student, are obscure, and which the text-books fail to make plain. Of these may be mentioned general therapeutics of the nervous system, physiology of the nervous system, localization of central lesions, use of the actual cautery, and methods of diagnosis.

Perhaps the most valuable feature is the clinical character of most of the articles. Nothing in medical literature is so helpful both to the writer and reader as well-studied anomalies at the bedside. Though mindful of the treasures found in books, the true investigator will not content himself without frequent resort to the book of nature. At first hand he sees as no other interpreter ever saw before; perhaps he sees more truthfully and thoughtfully than any other. By much musing upon the anomalies men like Dr. Seguin have done the new work we ask for, and taken the high rank they merit. The present volume has its contents arranged in the order of their original appearance in periodicals, thereby giving an outline of the author's mental history. While some merit may be conceded on that score, if the essays had been grouped according to the subject-matter a more practical form would have been the result. The editor, Dr. Amidon, has not failed to do justice to his task, part of which was to translate all weights and measures into the metric system. Old fogies can't help regretting that in this transition time he did not give the old forms with the new. It is a downright bore to stop and calculate back the doses into the English form we think indispensable.

The hope is indulged, that at sight of this reminder of his past achievements, the author may be lured back to his old field of labor to take up his appointed work with something of his former ardor.

J. W. H.

**A System of Oral Surgery.** Being a treatise on the Diseases and Surgery of the Mouth, Jaws, Face, and Teeth, and associate parts. By JAMES GARRETSON, M. D., D. D. S. Illustrated with numerous steel plates and wood-cuts. Fourth edition, thoroughly revised, with additions. Philadelphia: J. B. Lippincott & Co. 1884.

The first number of the *American Practitioner*, issued now more than fourteen years ago, contained a review of the first edition of Dr. Garretson's work. The reviewer took occasion at that time to call attention to many defects noted in the volume, some of which have been corrected in subsequent editions, but numbers of which are still allowed to remain. But the real merits of the work have been so considerable that in spite of marked blemishes in style and numerous other sins, it has evidently supplied a want—in a word, has proved itself useful. And this, no doubt, was the author's aim in preparing it for the press. This, coupled with the fact that it has reached a fourth edition, should fully compensate its writer for the time and labor he has expended upon it. He has produced a volume which has clearly been serviceable to the members of his own immediate profession, that of dentistry, while at the same time it contains much on jaw and mouth diseases that the general surgeon may consult with profit. The work is profusely and beautifully illustrated, while its make-up is well nigh faultless.

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**A Year Book of Surgery.** For 1883. Edited by CHARLES H. KNIGHT, M. D. New York: G. P. Putnam's Sons. 1884.

The editor of this work has attempted to give in the space of one hundred and ninety-seven pages condensed reviews of some of the more important contributions to surgery in the current literature of the past year. He has certainly succeeded well. Perhaps the very best part of the volume is contained in the introduction from the pen of the editor.

The year 1883 was by no means prolific in additions to surgical resources; but such readers as wish to know what those additions were will nowhere find them so fairly discriminated or so succinctly stated as in the present work. The volume is one of Putnam's Sons' Year Books of Medical Progress, and, should its successors prove equally worthy, the series can not fail to find its place upon the tables of all who study surgical progress. The companion of the present volume is entitled a Year Book of Therapeutics, edited by R. W. Amidon, M. D., and will receive early notice.

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**The Principles and Practice of Surgery.** Being a treatise on Surgical Diseases and Injuries. By D. HAYNES AGNEW, M. D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street. 1883.

The third and last volume of the above work is completed, and its author may now indulge in that well-earned rest which he has denied himself for the five years and more occupied in its preparation. The marvel is that he should have been able to execute such a task in so short a period of time. The work presents in a most readable form whatever is best in both the science and art of surgery; and no one competent to judge of its contents can fail to allow that as a system of surgery it has no superior on either side the Atlantic.



## **Clinic of the Month.**

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**DIGITAL DILATATION OF THE OS UTERI DURING LABOR.**—At the April meeting of the Obstetrical Society of Philadelphia, Dr. Cleemann remarked, on this subject, that he had been taught not to dilate or stretch the os uteri with the finger, and for years this early teaching deterred him from making any attempt to supplement the contractile powers of the uterus by assisting in the process of dilating the os. Some time since he was called to attend a primipara. The waters had been discharged the previous day. The pains had continued, but the os uteri was very small and the cervical rim was hard and unyielding. He felt called upon to interfere actively, and tried to dilate the os with his finger. It softened rapidly, and in half an hour was sufficiently dilated to allow the head to pass, and delivery rapidly followed. Since that occasion he has tried the same procedure in several cases, and always with gratifying results, the labors being brought to rapid terminations where previously hours had been wasted in weary and painful waiting.

The irritable condition of the os, which had been lectured upon as the consequence of such interference, has not been experienced; no injury has resulted in any case. The soft finger can do no more harm, if clean, than a Barnes' or other form of dilator, and there is no danger, as in the case of the latter, of pushing the head aside and converting a vertex into a shoulder or other faulty presentation.

Dr. W. T. Taylor, since he had dared to deviate from the teaching of Professor Hodge, had used his finger to assist the dilatation of the os. He did not do so if the cervix was irritable or its edge wiry.

Dr. Githens had practiced digital dilatation of the os uteri throughout his obstetrical practice, a period of eighteen years.

He does not confine it to any class of cases, nor does he wait until after the membranes are ruptured. In any or all cases he finds that a "pain" is accompanied by a contraction of the circular muscular fibers of the cervix, as well as by a contraction of the longitudinal fibers of the body of the uterus. The contraction of the circular fibers retards the progress of the labor. The intention of the digital distension is to paralyze these circular fibers and thus favor the dilatation of the os. In practice this effect is rapidly produced. One or two fingers are swept around the inside of the cervix, the pulp of the finger being next the cervix, and the latter is pulled away from the head. This operation is kept up during the interval between pains; when the pain occurs the finger is withdrawn, and the operation is repeated in the next interval. The membranes are not ruptured by this process. The irritable condition of the os, if such exists, is subdued. If the rim of the cervix is wiry and thin, or hard and thick, it softens and yields. The cervix and vagina, if hot and unyielding at first, become cool and pliant; cervical tears are almost entirely avoided, and the time, pain, and exhaustion of the labor are reduced to a minimum. The process is useful in every case of labor throughout the first stage.

Dr. Philip M. Schiedt practices digital dilatation largely. His patients say they recognize the assistance it gives them, and in subsequent labors ask the doctor to help them. By the great shortening of the first stage of labor resulting from this method the use of the forceps is frequently avoided.

Dr. Parvin would be sorry to see digital dilatation adopted as a rule for all cases. He thinks it shortens labor by increasing the uterine contractions, and not by dilating the os. Voluntary efforts at bearing down are not needed during the first stage; they are dangerous rather than helpful. The method may be useful in some cases after the rupture of the membranes, which is the natural dilating agent. There is also danger of septicemia from germs on the fingers. He does not think the fingers so good a dilator as the Barnes' dilator, because they do not press equally on all sides of the os, but only on one point at a time,

and thus cause an unequal thinning with danger of laceration. He thought the danger of a change of presentation by the use of Barnes' dilator very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left to nature. Any sort of interference carries a possibility of danger.

Dr. Elliott Richardson thought there was a possible danger of rupturing the membranes. Our authorities caution us about the introduction of the finger into the uterus, and the too early rupture of the membranes.

Dr. Harris remarked that one point had been overlooked. Why does the os not dilate easily when the head is the dilating agent? It is because it is a round surface over which the cervix does not slide easily. On the contrary, the finger is applied at successive points. One benefit of the method is that any change or danger is at once detected. The method should not be used indiscriminately, and we should not interfere unnecessarily.

Dr. Cleemann would not recommend the method in every case of labor. He has resorted to it in cases where there has been early rupture of the membranes, and the assistance of the bag of waters has been lost. In a recent case he had saved a patient hours of suffering, and the os was not bruised or injured in any way. The sight of any instrument causes the patient much anxiety, and the exhibition of the Barnes dilator, and the water, syringe, etc., cause nervous excitement. The bags sometimes burst, and thus give the patient a terrible shock, with the added discomfort of the escaping water or air. He has always carried them, but does not like to use them. (*Journal of the American Medical Association.*)

**MASSAGE OF THE UTERUS.**—The scientific manipulations comprised under the term uterine massage may be divided into four groups: (1) Those intended to benefit lesions of which the seat is easily accessible from the exterior; (2) Those which are applied to all the lower abdominal region, and which often constitute a preliminary operation; (3) Massage of the uterus through the

abdominal wall, and (4) Bimanual massage through the vagina and abdominal wall combined. The cases of the first group are generally in superficial subperitoneal exudations, or else situated in the abdominal walls above Poupart's ligament. Often it is necessary to apply massage to the hypogastric region. The bladder is emptied, and the patient placed upon her back on a resistant surface. The operator catches up and presses between the palm and the fingers the skin and superficial tissues. The whole abdominal wall, as far up as the umbilicus, is submitted to this treatment. Then the deeper tissues are subjected to it. These pinchings should be alternated by frictions with the fingers and palms of the hands, the whole operation lasting five or ten minutes. The skin should be previously oiled, and great delicacy be used in the manipulations. In many cases, the pains appear to be situated in the abdominal wall, and the massage gradually abolishes the sensibility. After this one may, if necessary, apply massage through the vagina and abdominal wall simultaneously. When a hypertrophied uterus, for example, can be grasped between the fingers, the hands may be applied flat on the abdomen, the fingers directed toward the pubis; then by short and steady pressures the masseuse seeks to grasp the uterus and knead it. More often it will be necessary to apply massage through the vagina. The index and middle finger of one hand are introduced into the vagina, and their extremities carried into the posterior cul-de-sac; push the neck forward several times so as to give mobility to the whole uterus. The other hand is placed on the abdomen, and grasps the uterus, the fingers in the vagina serving as a fixed point. When the organ is grasped it is steadily compressed between the fingers of the two hands for several seconds. This is alternated by lifting up the uterus. Then, the two fingers being placed in the anterior cul-de-sac, the movements already described are repeated. The uterus should be grasped as far as possible between the fingers and subjected to intermittent pressure or kneading. Jackson has recommended that the fingers be also introduced into the rectum. Displacements of the uterus, flexions, and versions

have been frequently treated by massage, but without signal success. Better results are obtained in chronic metritis, and especially in cases of old pelvic peritonitis. Massage is positively contra-indicated in any acute accidents or a tendency toward acute manifestations. (*Journal de Med. de Paris*; Medical News.)

**HYDATID CYST OF THE LIVER PERFORATING THE DIAPHRAGM AND INVADING THE THORACIC CAVITY.**—John T., aged seventeen, was admitted into Addenbrooke's Hospital in May, 1882. Ten weeks before he was hit on the breast with a milk-pan; an hour later he complained of a stabbing pain in the epigastrium, increased by breathing. For a week he felt feverish and lost his appetite, and he had had slight cough and shortness of breath ever since. There was marked bulging of the right chest, the intercostal spaces being obliterated, and the movement during respiration much diminished. There was absolute dullness over the whole of the right chest; respiration was tubular and distant. The heart was displaced to the left. The liver-dullness extended two inches below the thoracic margin. The urine contained a trace of albumen. On May 24th, nearly five pints of bile-stained fluid were drawn off by paracentesis; and, in July, thirty-two ounces of bile-stained serum. He left the hospital on August 9, 1882, and attended as an out-patient until September, 1883, when he was re-admitted. There was much dyspnea, but no cough or night-sweats. He was much emaciated and cyanosed. The right chest was much distended with fluid. After admission the right side was tapped, and forty-eight ounces of glairy yellow opaque fluid drawn off, containing bile-pigment and small globules. The fluid coagulated on boiling but did not contain any hooklets. On October 5th, a large-sized trocar was introduced, and some more fluid drawn off, containing numbers of hydatid cysts from the size of a pea to a marble. The patient died suddenly the next day. The post-mortem examination revealed an enormous hydatid cyst on the upper surface of the liver. The cyst occupied the space between

the liver and diaphragm and was adherent above the diaphragm, communicating through it with the right pleural cavity by a round orifice admitting three fingers. The cyst and the right pleural cavity were filled with hydatids of different sizes. There was much displacement of the mediastinum; the anterior third of the left chest was invaded by the distended right pleura. The right lung was flattened and contained a few hydatids. No hydatids were found elsewhere. Dr. Bradbury thought the case was a good illustration of the great difficulty of differential diagnosis between pleural effusion and hydatid disease. (Dr. Bradbury, in British Medical Journal.)

**KREOCHYLE.**—Kreochyle is a new preparation of meat, made at the suggestion of Prof. Barff, and intended as a dietetic remedy in cases of acute disease, vomiting of pregnancy, aggravated dyspepsia, infantile diarrhea, and similar conditions. The following analysis has been made by Dr. North, lecturer on physiology at the Westminster Hospital:

	Grams per liter.
Soluble albumen, . . . . .	35.125
Potash, . . . . .	14.19
Phosphoric acid, . . . . .	2.016
Nitrogen, in the form of kreatin, kreatinin, etc., . . . . .	2.4998
Chlorides, . . . . .	6.186

The residue of meat, after having been used for the preparation of kreochyle, consists of

	Per cent.
Soluble albumen, . . . . .	nil.
Phosphoric acid, . . . . .	.704
Potash, . . . . .	.181
Together with all the fat, fibrin and gelatine.	

Kreochyle, therefore, is superior to beef tea, as it contains not only the extracts but a large amount of albumen. It is pleasant to the taste, and has proved valuable in the hands of many practitioners. (Birmingham Medical Review.)

A CASE OF APHASIA, with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded in the *Gaz. Médicale de Paris*.



**RING-PESSARY REMOVED AFTER FOURTEEN YEARS' IMPACTION.**

Dr. Herbert Renshaw reports the case of a lady complaining of severe pains in the back and legs and unpleasant vaginal discharge. She was also obliged to pass her motions in the upright position, owing to the intense pain caused by any attempt to relieve the bowels in a sitting posture. On examination a smooth, raised fleshy ridge was found, running from before backward, on each side of the vagina, terminating before and behind in a rough semicircular ridge. Fourteen years previously the patient suffered from a troublesome bearing down. She consulted a "wise woman," who introduced a ring and asserted that it would never require to be removed. For many years she obtained great benefit from this support. The ring was removed by shelling it out from the fleshy overgrowth by picking through with the fingernail. Half an hour after the operation all her pains disappeared. (British Medical Journal.)

**SPLEEN REMOVED BY ABDOMINAL SECTION.**—The patient was a woman, aged forty-seven. Two years before the enlargement was first noticed, and she had been under medical treatment ever since without any good result. Her life had become a burden, and she was, when seen, unable to move in bed without assistance. The urine was normal, and the blood showed no increase of white corpuscles and well-formed red ones. The tumor extended from the fifth rib to Poupart's ligament on the left side to two inches below and to the right of the umbilicus. The operation was performed by a central incision of twelve inches. Not much blood was lost, and the chief pedicle was secured by a wire clamp. After the operation she rallied well and was quite cheerful, but retching became troublesome. Seven hours later signs of collapse began, and she sank rapidly. The spleen weighed eight pounds three ounces, and was simply hypertrophic. A necropsy showed about a pint of blood-clot in the abdominal cavity, with a loose ligature-band lying on it; but no open vessel was found. The pedicle was quite secure. (British Medical Journal.)

RECOVERY FROM EXCISION OF THE TONGUE AND SUBLINGUAL GLANDS.—Mr. Whitehead showed a man, at the meeting of the Manchester Medical Society, aged fifty-four, whose tongue he had removed in July. The disease was extensive, and the sub-maxillary glands were infiltrated. He had excised the tongue in the first instance by his usual method; and two weeks afterward removed the glands by a submental incision. His reasons for dividing the operation into two stages were based upon his experience in dealing with primary epithelioma and secondary infiltration of glands in other regions of the body. For instance, in two cases he had excised the whole chain of inguinal glands several months after amputation of the penis for epithelioma; the patients still remaining apparently free from the disease, respectively one and two years after the operations. From these and other facts, he inferred that the malignant cells, in their migration from the primary disease to the glands next in order, were, in some instances, inactive in transit through the intermediate lymphatic channels. (*British Medical Journal*.)

PHTHIRIASIS OF THE EYELIDS.—Dr. Santos Fernandez, of Havana, relates several cases of this affection observed by him in patients applying at his ophthalmological clinic. The parasite was always the *Pediculus pubis*, which was found at the base of the eyelashes, which were covered with its nits. The symptoms of this blepharitis are an intolerable itching, worse at night, and, consecutive to this, an inflammation of the palpebral conjunctiva. The affection might readily be taken for a more grave disease unless a careful inspection by the aid of a lens were made of the edges of the lids. The treatment consists in the application of yellow precipitate ointment and a weak lotion of bichloride of mercury. (*Le Courier Médical*.)

HOW TO DISGUISE THE TASTE OF TINCTURE OF IRON.—Dr. Haner recommends that tincture of sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.

**MYXEDEMA.**—At a meeting of the Clinical Society of London, on November 23d, an interesting debate took place upon the subject of myxedema, in which Sir W. Gull, Dr. Ord, and other observers whose names have been associated with our knowledge of the disease took part. A valuable communication was made by Dr. Felix Semon of a series of cases of myxedema occurring after extirpation of the thyroid gland, by Prof. Kocher, of Berlin, who, not being acquainted with the disease as such, had described his cases as a peculiar form of cachexia: in sixteen instances of complete removal the myxedematous changes had been observed, while in the cases of partial removal the results upon the general health had been satisfactory. The previous belief in the intimate connection existing between the loss of the thyroid gland and the development of myxedema was undoubtedly strengthened by the evidence which the discussion called forth, but it was no less evident that there are at present no facts extant by which the nature of that connection can be determined. (*Medical Times and Gazette.*)

**FIRST LUNG RESECTION IN ITALY.**—Ruggi recently performed this operation on a woman, aged thirty, who had phthisical cavities in the upper lobe of the right lung. She also had fungous arthritis of knee-joint. The second and third ribs were resected, with their cartilages, for about two and four fifths inches; the pleura was opened and separated from the lung without any respiratory or circulatory troubles. The whole of the upper right lobe was removed by means of Billroth's pincers. The temperature and respiration became normal after six hours. The patient died on the ninth day of carbolic-acid poisoning.

Mosler, in commenting upon this case, declares that while traumatism, bronchiectatic caverns, and gangrene may be legitimate excuses for this operation, tuberculosis is not. (*Centralbl. f. klin. Med.*)

To DISGUISE the odor of iodoform, Dr. Philip Leidy recommends oil of citronella (two drops to the dram).

**SURGICAL TREATMENT OF HOPELESS CASES OF MASTURBATION AND NOCTURNAL EMISSIONS.**—Timothy Haynes, M.D., Concord, N. H., writes: Like many others in general practice, I am frequently called upon to care for the victims of self-abuse. While I always strive to help this perverted state of the mind by advice and treatment, by counseling marriage, perhaps, and at times even the immorality of a mistress, still there are cases so utterly desperate, so destroyed mentally and physically, that I have been led to face the question, Can not help be given at the expense of the procreative powers? The scar of castration is a stigma. It was with a view of avoiding this deformity that I was led to remove parts of the spermatic ducts in place of the testicles. The operation, which was the same in all three cases reported, was as follows:

An incision midway between the external inguinal ring and the testis laid bare the duct, from which a half inch was resected, and the slight wound closed by sutures. By this simple operation, leaving behind it no deformity of the genitals, we have succeeded in all three cases in improving the mental and physical condition of our patients, while the sexual appetite was as effectually destroyed as by castration. (Boston Medical and Surgical Journal.)

**ALTHEA, OR MARSH-MALLOW, IN PALMAR PSORIASIS.**—An obstinate case of palmar psoriasis, cured by an ointment of althea after all other means had proven ineffectual, is reported by Dr. F. C. Berry, in the London Practitioner. Althea is a demulcent of great value. The ointment is made by cutting the fresh leaves into small pieces, stirring them in lard, boiling the mixture for half an hour. It is then strained and allowed to cool, after which it is ready for use.

**FLATULENT DYSPEPSIA.**—The sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.

**LACERATED PERINEUM.**—In an excellent article in the *Journal of Obstetrics*, Dr. Alloway reaches the following conclusions:

1. Examine carefully, with your eyes, every perineum after removal of the placenta. If lacerated to more than a quarter of an inch, apply the suture.

2. Use one of Emmet's long, straight perineum needles, with a silk suture. By the aid of a holder, force the needle through the skin on the left side of the tear, half an inch from its edge, at any point between the beginning and the end of the tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now, with the two fingers of the left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly though steadily made to glide beneath this tissue and over the rectum, hugging the latter as closely as possible, to make its exit at a corresponding point on the opposite, or right side. In tying the suture, avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts for some days.

3. Be sure that the needle in no part of its course makes an exit in the vaginal surface; if so, you will probably have a pus pocket.

4. The operation is very simple, and can be performed by any physician of ordinary experience.

5. The after-treatment consists in washing out the vaginal passage night and morning with any antiseptic solution the physician is accustomed to use. But he must do it himself; the nurse would be as likely to pass the tube below as above the suture, and kill all your joy. As regards antiseptics, I use in such cases a solution of corrosive sublimate ( $\frac{1}{2000}$ ) once in twenty-four hours, administered at night. I find this solution as handy and harmless as carbolic acid. Tell your chemist to make a two-dram alcoholic solution of hyd. bichl., each dram of the solution to contain seven and one half grains of the salt. One teaspoonful of this mixture added to a pint of water will give, almost to a fraction, one part in one thousand. I have used this solution in cases of metria three times in the twelve

hours, for two consecutive days, without any evidence of toxic effects from absorption. It is probably due to the formation of insoluble albuminate of mercury, which seals up all breaks in the surface for a time.

6. The suture had better be allowed to remain *in situ* for nine or ten days. I am strongly in favor of the silk; the wire suture is likely to produce a bleeding point or two on removing it. This accident might prove troublesome from absorption, which is so active at this period of convalescence.

7. The nurse is the only assistant you will require, and is, of course, in your confidence.

TWO CASES OF ANEURISM OF THE PULMONARY ARTERY.—The first was that of a laborer, aged forty, who had suffered from a cough for twenty years; seven months before admission to the hospital he had had hemoptysis, and three weeks before he had suffered from pain in the left mammary region, and had lost much flesh. For the last twelve days of his life he had brought up half a pint of blood each day. After death the right lung was found to be emphysematous, the left was universally adherent. Its upper lobe contained a cavity as large as a Tangerine orange, in which there existed an oval aneurism the size of a walnut. The aneurism presented an irregular triangular rent, and was lined with laminated clot; it had contracted adhesions. The second case was that of a seaman, aged twenty-one, who had formerly been in the army. He had suffered from hemoptysis and cough. On admission into the Victoria Park Hospital, phthisical disease of the right apex was discovered, with ulceration of both vocal cords. Hectic fever of well-marked character persisted throughout his illness, although for a long period he continued to bring up large quantities of blood. It was estimated that he must have lost more than twenty pints of blood during the last few weeks of his life. After death the left lung was found adherent at the apex, but emphysematous elsewhere. A sinuous cavity existed in the anterior part of the lower lobe. The right lung was adherent, the lower lobe collapsed, and a



loculated empyema existed near the base. The aneurism had ruptured by a small linear slit. Dr. West divided fatal cases of hemoptysis according as the blood proceeded from the trachea and bronchi, or from the lungs. His cases belonged to the latter class, and the literature on the subject was meager. Out of twenty cases Dr. West only once failed to find an ulcerated pulmonary vessel to account for the fatal hemoptysis. Aneurisms of the pulmonary artery were generally small, not larger than a small cherry, rarely multiple; they occurred in the large branches of the arteries, in chronic cavities or their trabeculæ. There was no relation between the size of the cavity and the presence of an aneurism. Their development was due to want of support of the vessels. They were not to be diagnosed till severe hemorrhage had set in. They affected no particular age. (Dr. Samuel West, in *Medical Times and Gazette*.)

**MEDULLARY SARCOMA OF THE SKULL IN A CHILD.**—Mr. F. B. Jessett reports, in the *Medical Times and Gazette*, a case of this sort in a child nine months old. A small lump had been noticed on the right temple one month before she came under observation. This had grown rapidly, and when the child was first seen was the size of a chestnut, somewhat tense and semi-elastic. The veins over it were very much enlarged. The child's father and his sister were the subjects of multiple lipomata. There was a history of phthisis on the mother's side. No history of any blow obtained. The tumor rapidly grew, and was punctured, but only bloody serum was obtained. A second tumor appeared and grew into the first. Proptosis of the right eye gradually came on. Death, preceded by convulsions, took place five weeks from the onset. The tumor involved the parietal bone and the temporal and malar bones, the zygoma and the roof of the orbit. A similar mass was found on the inner side of the left parietal bone, bound down by the dura mater. The right hemisphere of the brain was much compressed, and showed considerable depression. The tumor was soft, very vascular, reddish-purple, with fibrous bands passing through it. No sec-

ondary growths in brain or any of the viscera. The lymphatic glands were not affected. The only cerebral symptom during life had been frequent sighing. He believes the growth had started in the substance of the parietal bone, and grown outwardly and inwardly. The history of benign growths on the father's side was a point of great interest.

**INFLUENCES OF DISEASE ON THE SIZE OF THE HEART.**—From the Practitioner we learn that this subject has been investigated by Dr. Spetz. He finds that in typhus there is no characteristic change in the dimensions of the heart and the large vessels; the same is the case in puerperal pyemia. In phthisis the heart is diminished, and especially the left ventricle. The right ventricle is often somewhat diminished, but not in proportion to the diminution in the weight of the body. It is sometimes even hypertrophied, but not as a rule. The ratio between the depth of the left ventricle and circumference of the aorta is diminished, and as this is not compensated for by hypertrophy of the muscular walls of the ventricle, there is a diminution in the arterial tension. Consequently the pulse in phthisis is soft and small. In cancer the depth of the left ventricle is still more diminished than in phthisis, and the right ventricle is affected almost as much as the left. In granular kidney both ventricles increase very much, but especially the left. The aorta is not correspondingly dilated. In consequence of this the tension in the arteries is very greatly increased. In myocarditis, also, the heart is dilated and hypertrophied, but the left and right ventricles are almost equally affected. In chronic emphysema both ventricles are much dilated, with very little thickening of the muscular walls. Both ventricles are nearly equally affected. The pulse is full, but small and languid. (Medical and Surgical Reporter.)

MIDZU AME is a preparation which is said to closely resemble the extract of malt, has an enormous consumption in Japan, and is an efficient substitute for cod-liver oil. It has proved very useful in phthisis.

**MICROSCOPICAL EXAMINATION OF THE SYMPATHETIC GANGLIA IN A CASE OF EXOPHTHALMIC GOITRE (Dr. Wm. E. Hughes).—**The cervical ganglia were to the naked eye enlarged and grayish, but not hard. On microscopical examination they were found densely infiltrated with small round cells, which pushed the nervous elements apart and pressed upon them. The tubules were compressed, distorted, and in some places destroyed. In some places they were infested with a pseudo-membrane of small, round cells, looking as though there might have been a slight inflammation of the tubules. The cells were in places indistinct, shriveled, and compressed, their nuclei not discernible; in other places they were granular with indistinct nuclei; in other places they were crowded with brown pigment cells and granules; and, finally, some of them had entirely disappeared. The walls of the arterioles were thickened. The lymph spaces were dilated.

In the semi-lunar ganglia the cells were indistinct, taking staining very poorly, and some of them seemed to have undergone a slight amount of peculiar hyaline change. The nuclei and nucleoli took staining well, and were perfectly distinct. The structure was otherwise normal. There was no infiltration of cells nor any enlargement of the vessels. The supra-renal capsules were normal. (*The Alienist and Neurologist.*)

**GASTROTOMY AND DILATATION OF THE ESOPHAGUS AND PYLORUS.**—On October 24th last Professor Loreta performed, at the surgical clinic of Bologna, a new and important operation in dilatation of the esophagus from the stomach. The patient was suffering from stricture at the lower third of the esophagus, produced by extensive cicatrization, the consequence of swallowing caustic potash. The site, nature, and degree of the stricture were such as to render useless any operation undertaken by the mouth. The patient was reduced to an extreme degree of emaciation from the impossibility of taking sufficient nourishment. Gastrotomy was performed, and a passage secured for the introduction of the dilator into the stomach; it was then

pushed up the esophagus, and the stricture thoroughly dilated. The operation only lasted half an hour, and was most successful; on the first day the patient was able to swallow food easily. The incisions united by first intention; there were no signs of peritonitis; and on the fourteenth day the patient was well. The sound passed without difficulty, and probably its periodical employment will render the cure permanent. On November 4th Prof. Loreta also successfully performed dilatation of the pylorus in a young woman aged twenty-six. (*British Med. Journal.*)

**NON-SPECIFIC VAGINITIS IN OLD WOMEN.**—A form of vaginitis, occurring in women advanced in years and free from any suspicion of sexual relationships, is described by Dr. Després. It is dependent upon an incomplete incontinence of urine. The muscular walls of the bladder being atonic, the organ is never completely emptied, and the residual urine excites vesical catarrh. This leads to incontinence, and during sleep, particularly when the patient lies on her back, the urine trickles down into the vagina. There its presence sets up an inflammatory process, the more readily as the urine itself in these cases always contains a large quantity of pathological products. (*Med. Record.*)

**ARNOLDOFF ON ERGOTIN IN DELIRIUM TREMENS.**—In the *Vratch*, Dr. A. Arnoldoff draws attention to the great value of ergotin as a remedy for acute and even chronic alcoholism. From his seven cases, treated by internal administration of the drug, it may be seen that sleeplessness usually disappears after a few first doses, and delirium entirely ceases after one grain or one and one half grains of ergotin has been taken. In a case of chronic alcoholism of six years' standing the following mixture was successfully administered, Ergotin, two grains; bromide of potassium, one dram; water, eight ounces. A tablespoonful to be taken every hour and a half or two hours. Recovery (that is, disappearance of craving, of insomnia with night hallucinations of sight and hearing, tremor, and sickness) followed after taking four grains of ergotin. (*London Record.*)

**EPILEPSY ARISING FROM NARROWING OF THE VAGINAL PORTION OF THE UTERUS.**—Professor von Nussbaum, after vainly employing the usual remedies, has often found as a cause of epilepsy a narrow pointed and sometimes cartilaginous vaginal portion; and he observed the disease to disappear after dilatation by means of Ellinger's forceps or a bistoury. In such neuroses, the physician should above all think of a disease of the uterus, and he would often obtain surprising results from a careful examination. A lady, for seven months, regularly had a "laugh cramp" at two o'clock every morning. Every thing was tried in vain; finally, an examination with speculum showed an ulcer on the vaginal portion. A single cauterization with nitrate of silver sufficed to ease the disease. (Medical and Surgical Journal.)

**A READY MEANS FOR CAUTERIZING POISONED WOUNDS.**—Dr. Moser recently presented to the Paris Academy of Medicine a little invention of his which he called the *crayon-feu*, for ready use in the application of the actual cautery to poisoned wounds from the bites of venomous snakes, mad dogs, etc. It consisted in a little cylinder with sharpened extremity, inclosed in a case which also contained matches for lighting it. The composition of the stick is as follows: Powdered charcoal, 30 grams; nitrate of potassium, 4 grams; iron powder, 5 grams; benzoin, 1 gram; agglutinating powder, q. s. To be made into forty crayons. These sticks are hard and burn readily and for a sufficient time to cauterize the wound. (*Journal de Médecine de Bruxelles.*)

**BROMIC ETHER IN WHOOPING-COUGH.**—Dr. Squire recommends a solution of bromic ether in water (1 to 200) for administration in whooping-cough, as well as for angina pectoris and spasmodic pain. (Medical Record.)

**SPONGING** the surface of the body with a solution of quinine in alcohol—one dram to the pint—is now recommended for excessive sweating. It is a remedy that has long yielded us good results.

**POMADE FOR COMEDONES.**—Una, in the St. Louis Medical Journal, says that Virchow's Archives recommended the following for comedones: Kaolin, four parts; glycerine, three parts; acetic acid, two parts, with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected in the evening, and if need be during the day. The comedones can be easily expressed after several days, most of them coming out by washing the parts with pumice-stone soap. (Chicago Medical Review.)

**FRACTURE OF THE SKULL BY CONTRE-COUP IN THE FETUS.**—This accident has been hitherto regarded as impossible, owing to the peculiar formation of the cranium of the new-born. Dr. Pericle Sacchi has, however, recently made some experiments (*Journal de Médecine de Paris*) which go to prove that fracture of the skull may, under certain conditions, be produced by contre-coup in the fetus.

**TREATMENT OF GONORRHEAL RHEUMATISM.**—Dr. Herschell states that he treats rheumatism, whether due to gonorrhea, by fluid extract of manaca (*Franciscea uniflora*) in five-minim doses every three hours, with results in most cases equal to those obtained by salicylate of soda. In some instances manaca succeeded when the salicylate had failed.—*Arthur Cooper, in London Record.*

**FOR CHAPPED HANDS AND FROSTED FEET.**—Dr. Carl Seiler (Polyclinic) calls attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. It is applied by simply painting it on the skin. The stockings may be prevented from sticking to the feet by rubbing some oil over the benzoin.

**SODIUM SULPHO-CARBOLATE IN FLATULENT DYSPEPSIA.**—Thirty-grain doses of sodium sulpho-carbolate, taken after meals, have been recommended in flatulent dyspepsia. For vomiting and nausea, ten-grain doses of the same salt are said to answer well. (Drug News.)



**LOCAL TREATMENT OF ERYSIPELAS.**—An epidemic of fifty cases of erysipelas gave Polyányi an opportunity of making comparative observations of different methods of treatment. The best results were given by applications of freshly-prepared sulphurous-acid solution, made carefully every two hours over every part of the affected surface. J. Andeer prefers a fifty- to eighty-per-cent ointment of resorcin. (*Wiener Med. Presse.*)

**TURPENTINE-IODOFORM.**—De Renzi recommends a solution of iodoform in turpentine as an efficacious inhalant in pulmonary disorders, in phthisis especially. He has used this mixture for some time with very good results. Five or six drops of the solution are used every two hours, placed on a piece of wadding in an inhaler. (*L'Imparziale.*)

**PARENCHYMATOUS INJECTION OF ERGOT IN SPLENIC ENLARGEMENT.**—Fenoglio recommends the injection of ergot in cases of splenic enlargement due to malaria. He recommends Bonjean's ergotin, dissolved in hot water, injected before the midday meal while the stomach is empty. (*Centralbl. f. d. Med. Wissensch.*)

**CONGENITAL ENLARGEMENT OF THE LIVER,** due to intermittent fever of the mother during pregnancy, is reported by Dr. J. C. Peters, of New York. The girl—now a young woman—still has enlarged liver, but is in excellent health. There was no enlargement of the spleen.

**DEPAUL** recommends the administration of iodide of potassium during pregnancy, in cases of contracted pelvis, with a view of lessening the size of the child.

## **Notes and Queries.**

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### **THE UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—**

The vacancy in the chair of the Theory and Practice of Medicine in this institution, occasioned by the death of Dr. L. P. Yandell, has been supplied by the Board of Trustees by the transfer of Prof. Holland from the chair of Materia Medica and Therapeutics to that of the Theory and Practice of Medicine. Prof. Holland, having for many years past applied himself to clinical work in hospital and dispensary, may justly be regarded as bringing to his new post every quality necessary to insure the same striking success which has distinguished his teachings in other branches.

Prof. Turner Anderson, M. D., has been appointed to the chair of Materia Medica and Therapeutics in the University. In order to accept the position he will resign, at the end of the present session of the Kentucky School of Medicine, which occurs in June, the professorship of the Theory and Practice of Medicine which he now holds in that school. Prof. Anderson is a practitioner of large experience and is extensively known as a popular, forcible, and instructive teacher.

Dr. H. A. Cottell, so long before the classes of the University as the very capable, industrious, and acceptable demonstrator of Chemistry and Microscopy, has been appointed to the professorship of Medical Chemistry and Microscopy.

The above changes in and additions to the faculty afford abundant proof to the alumni and other immediate friends of the University that the trustees are fully alive to its interests, and, though death has removed in the past few years three of its most acceptable teachers, that the University is still able to find in its own corps and to draw from other sources gentlemen of well-known character and eminent teaching abilities.

**SIMS MEMORIAL FUND.**—The friends of the late Dr. J. M. Sims propose to erect a suitable monument to his memory. To this end a committee, of which Dr. Fordyce Barker is President and Dr. Geo. F. Shrady is Secretary, has been appointed, with representative gentlemen in every part of the country. Contributions of one dollar and upward are solicited, and all such contributions may be sent to the care of the AMERICAN PRACTITIONER, or directly to Dr. Shrady. The originality, the zeal, the devotion, the good done to humanity by this wonderful man make such a tribute eminently proper. In furtherance of this object it would be well if the various local medical societies would take up the work.

**NEW YORK NEUROLOGICAL SOCIETY.**—At the annual meeting of the New York Neurological Society, held April 1, 1884, the following officers were elected for the ensuing year: President, William J. Morton, M. D.; first Vice-President, C. L. Dana, M. D.; second Vice-President, George W. Jacoby, M. D.; Recording Secretary, E. C. Wendt, M. D.; Corresponding Secretary, W. M. Leszynsky, M. D.; Treasurer, E. C. Harwood, M. D. Councillors, E. C. Seguin, M. D., L. Weber, M. D., T. A. McBride, M. D., W. R. Birdsall, M. D., G. M. Hammond, M. D.

**THE ANCHORAGE ASYLUM.**—Dr. R. H. Gale, the superintendent of this institution, having tendered his resignation to Gov. Knott, to take effect May 1st, Dr. H. K. Pusey, of Louisville, has been appointed to the vacancy. Dr. Pusey practiced his profession until a few years back at Garnettsville, Kentucky. He is the elder of a family of physicians of high standing in the State, and will carry with him into his new work industry, conscientiousness, kindness, experience, and skill.

Gov. Knott could not have made a better selection for the place, or one that will be better received by the profession or the general public of the State.

It will be a matter of regret to the friends of the late superintendent Dr. Gale, to learn that his health, poor for many months past, shows no signs of improvement.

While the foregoing was passing through the press, a telegram was received conveying the sad intelligence of the death of Dr. Gale. He died of cancer of the stomach—a disease which had made the last year of his life a burden.

Dr. Gale was extensively known throughout the State. As a physician he was extremely popular; as a man he possessed great force of character and a remarkably developed faculty for attaching men to him. His death was not unexpected, though it will be none the less deplored by a large circle of friends.

TRIBUTE TO THE LATE JAMES MARION SIMS, M. D., LL. D.—  
Dr. W. O. Baldwin, of Montgomery, Alabama, who began professional life in the same town with Dr. Sims, thus spoke of his dead friend, who when living he had known and loved so well:

“He was not only a man of genius, but he was a lovable man, full of personal magnetism, full of kind and tender instincts, alive to the romance that redeems life from common-place and routine, and abounding in those high impulses which make their subjects benefactors because they are enthusiasts in the pursuit of truth. No man could be an hour with him and not feel the simplicity and fervor of his nature, the straightforwardness of purpose and intent which went into all his intercourse with others, and the absorption of his whole being in the work he had set himself to accomplish.

“Starting amid the sloughs and swamps of Alabama, having for his patients the most humble in the land, often spending his nights by the bedside of the sick found in the slave huts of these localities, without family influence, himself poor and with nothing to aid him save a strong will and a careful preparation combined with a devotion to purpose, he rose by the splendor of his own genius above all obstacles, and before he has reached the meridian of life, we find him one of the acknowledged discoverers and benefactors of the world, and ranking as one of the foremost men in his own country. A few years later we hear of him in all the great capitals of Europe; sometimes the guest and pet of Emperors, often receiving honors and distinctions

from learned and enlightened scientific bodies, courted by the *elite* of his own profession, sought by the nobility and receiving titles and decorations from courts representing and boasting the foremost civilization the world has ever known.

"He had a handsome face, with a benevolent, lively and winning expression of countenance, dark eyes, chestnut hair, figure erect, slender, and boyish-looking, mercurial in his disposition, enthusiastic in his pursuits, unaffected in his address, kind in his deportment, and always willing to do or say something to make others feel pleasant and happy. With these traits he possessed more personal magnetism than any man I ever met. It seems to me I can see him at this very moment with his captivating, boyish tricks, and his other engaging levities, which being practiced only on a proper occasion, never failed to make him a most charming companion. One of the pictures of his daily life here, now most vivid upon my memory, is that one when I have seen him seated in his curiously fashioned buggy, which he playfully called his 'Grecian Galley,' with his mettlesome little sorrel mare between the shafts, with her shining red coat, her gay white face, and her sinewy white legs, looking as proud as Juno. I think he called her 'Kitty Jumper.' His buggy was indeed a queer and notable looking little land craft—and, by the way, was the first four-wheeled vehicle ever used in Montgomery for the purpose of practicing medicine. At first this was quite a displeasing innovation upon the customs of our staid old physicians, as previous to that time we had all been going on horse-back with doctor's saddle-bags, or in the old-fashioned two wheeled sulky, and considered these the proper paraphernalia of a physician as he was seen going his daily rounds. We soon, however, found this innovation of the young doctor to be only a marked improvement upon our primitive mode of locomotion, as the world has since done with his innovations upon science—except that we could never come quite up to the style and fashion of this particular vehicle, which probably never had a duplicate.

"Thus seated in his buggy, with his little negro boy by his side, and panoplied with a medicine box and case of surgical in-

struments at his feet, I well remember the picture as it used to pass rapidly to and fro in our streets, with the doctor's whip nervously waving over his little favorite, as if he did not intend to lose any practice through the lazy habit of slow driving."

Dr. Sims's return to Montgomery, after an absence of twenty-five years, was made the occasion by the profession of that city of a banquet to their distinguished guest, at which he spoke thus simply and touchingly of his first years in that city:

"When I came among you I was young, inexperienced, in bad health, and very poor. I had nothing whatever to recommend me—nothing but honesty, industry, and determination to succeed. You received me kindly and with the greatest hospitality. You were to me good Samaritans. You literally fulfilled toward me the command of our Savior, for 'I was naked, and ye clothed me; an hungered, and ye gave me to eat; thirsty, and ye gave me drink; I was sick, and ye visited me,' and if I had been in prison I am sure you would have liberated me as soon as possible. Your Crommelins and your Pollards gave me houses to live in till I was able to procure one for myself. Your merchants gave me credit for food and raiment for my family when I had not a dollar in the world to pay for them."

From a memoir of this lamented gentleman, prepared by his friend and long time associate, Dr. Thomas Addis Emmet, of New York, we make the following extracts:

"James Marion Sims sprang from the Scotch-Irish stock who settled up the frontiers of North Carolina and Eastern Tennessee.

"In Lancaster District, South Carolina, Dr. Sims was born, January 25, 1813. Of his boyhood I have heard him state that he was a good boy, but a dull one at school—scarcely a just criticism, I think. He may have been wanting in application, but, if the man was any indication of the boy, there could have been no time of his life when he would be dull in any sense of the term. In 1832 he closed his academic studies, and received the degree of Bachelor of Arts from the College of South Carolina, at Columbia. He began the study of medicine in the office of Dr. B. C. Jones, a practitioner of Lancaster, and his



first course of lectures was taken in the Medical College of Charleston, South Carolina. The following year he received his degree from the Jefferson Medical College, Philadelphia.

"In July, 1845, Dr. Sims was called to a patient who had been thrown from a carriage and was suffering from a retroversion in consequence of the accident. During his effort to restore the uterus he placed her in what is now termed the 'knee-and-chest position;' but, finding that he could not readily reach the womb with the index-finger alone, he introduced the second one, with the immediate effect that he could then neither touch the cervix nor the walls of the vagina, and, to his surprise, she announced that she was entirely relieved. To this accident, and to the dilatation of the vagina when placed in a certain position after retracting the perineum with the fingers, we are indebted for the speculum bearing his name, and for the first operation by him in a case of vesico-vaginal fistula.

"Dr. Sims early evinced a boldness and desire to enter upon an investigation as to how far abdominal surgery could be made safe through the use of silver wire, and the difficulties would have been soon overcome if he could have had a portion of the responsibility shared by his consulting board. I was present, as a listener, at one of the early consultations, when Dr. Sims proposed to open the abdomen for the removal of a long pedunculated fibroid—an operation which few would hesitate in doing to-day. Dr. Francis and Dr. Mott were at first disposed to yield to Dr. Sims, until Dr. Stevens entered a protest. He had no opinion to express, he said, in regard to Dr. Sims's views; they might be all right, but he felt, if Dr. Sims should succeed by chance, that every young surgeon in the land would be ripping open the bellies of the young women to ascertain if they had such growths to be removed, and he would oppose such an operation simply on the ground of humanity. Dr. Sims was not able to carry out his wishes in regard to several cases of ovarian tumor, and it was not until about 1860 that he felt his position sufficiently established to perform, on his own responsibility, his first ovariectomy.

"Dr. Sims was by nature a surgeon, and one of the most dexterous operators I ever witnessed. He was bold and self-reliant, never at a loss, and his ingenuity was unequaled. He was in no sense a plodder, for his mind and body were always too restless and active. He was so fertile in resource when I first knew him that he perfected scarcely a tithe of the brilliant conceptions passing constantly through his mind, and it was impossible to see him perform the most simple operation without learning something new.

"In perfecting the preparatory treatment, in devising the needed instruments, and by overcoming the difficulties in operating for vesico-vaginal fistula, Dr. Sims exhibited a degree of pertinacity which in after-life he was unable to devote to the development of any other special object. Notwithstanding a similar speculum has been taken from the ruins of Pompeii, and a like instrument, as a retractor, had been used by Metzler, in Germany, before the present instrument had been devised by Dr. Sims, the credit in the future must belong to him alone. The metallic suture had been used by Dr. Le Vert, of Mobile, Ala., before 1828, and by Mr. Gosset, of London, in 1834; the clamp suture had been already employed, with the 'knee-and-chest position,' and with other details now in use; while vesico-vaginal fistulæ had been successfully closed in different parts of the world before Dr. Sims began to study his profession. 'Yet with all,' as I have elsewhere stated, 'were we assured of the fact that Dr. Sims was as familiar as we are at the present time with what had been accomplished before his day, it should not lessen the credit due him. What had been done fell on barren soil, bore no fruit, was not appreciated, and was destined to be forgotten. From Dr. Sims's hand the operation was accepted by the profession; it was immediately put into successful practice, and to the present day it has not been materially modified for the better in either its principles or its mode of execution.'

"I hold in my hand a speculum which belonged to Dr. Sims, and is, I believe, the first perfected one from the hands of the instrument-maker. From the beginning of time to the present

I believe that the human race has not been benefited to the same extent, and within a like period, by the introduction of any other surgical instrument. Those who do not fully appreciate the value of the speculum itself have been benefited indirectly to an extent they little realize, for the instrument, in the hands of others, has probably advanced the knowledge of the diseases of woman to a point which could not have been reached for a hundred years or more without it. Those who come upon the field to-day can not realize what has been accomplished, or the fact that the study of gynecology now covers a more extended field than the whole knowledge of medicine did forty years ago. The advance made in this branch of surgery has, through this instrument, become especially identified with this country, where it has been chiefly employed.

"To Dr. Sims we are indebted for the technique of the examination. He first suggested the advantage of employing the left hand and the use of conjoined manipulation. The advantages of 'Sims's position' on the left side, I believe, can not be questioned. In addition to the speculum, we are indebted to him for the depressor, the flexible copper sound, the tenaculum now in use, and the elevator. He first introduced the use of glycerine and taught its advantages. He perfected the making of spongetents, and first understood how to apply a tampon, an operation which can never be performed properly without the use of his speculum. The stick with the screw at the end for removing the cotton is his, and he introduced the probang sponge-holders now in use. He first had the block-tin pessary made, and from his hands I have seen formed, over twenty-five years ago, every shape and modification which has since been devised. Dr. Sims was the first to abandon that barbarous appliance, the quill-suture, and to simplify the operation for closure of a lacerated perineum by the use of the interrupted silver suture. He gave us the operation on the anterior wall of the vagina for the cure of procidentia and prolapse. And, notwithstanding it fails when used alone for keeping up the uterus, it is perfect if employed with the object of holding the uterus at a distal point from the

pubes, while the needed support is obtained by the proper operation on the posterior wall.

"Dr. Sims came of a long-lived family, and was remarkable for his temperate and simple mode of life. He had none of the 'small vices,' and every habit of life was made conducive to maintaining his health. He preserved to a late period a youthful figure, with a degree of elasticity and activity of body seldom enjoyed even in middle-life. He thus had the promise of a long life, and he always said, as he expressed it, that he was 'good for ninety.' About two years ago, after a long and fatiguing operation, he was seized with an attack of pneumonia, and his life, day by day hanging in the balance, was only saved by the unremitting care of his medical attendants. He never fully recovered from this attack, and it necessitated the spending of the following winter in Florida, and the last in the South of Europe. During the warm weather he improved, and, on his return to New York in August last, it was thought that he had regained his former vigor and strength. To the day of his death he was actively engaged in the duties of his profession, and it is stated that he had visited a patient with his son just before retiring. During the night he was restless, and wrote for a time in bed, as was his custom. Suddenly his heart came to a standstill, and he died, without a struggle, November 13, 1883.

"Mrs. Sims has survived her husband. A sketch of him would be incomplete without some notice of her, who continued as the sweetheart of his youth and help-mate through a long life. I have heard him state that he could have accomplished nothing without the aid and advice of his wife. She certainly devoted her life to him, and I never saw a person more dependent on another than he was on her. When I first knew them, and he was in bad health, she always prepared with her own hands every particle of food he needed. She watched over him with a singleness of purpose only equaled in the care of a mother for her offspring. For his impulsive nature her placid disposition was as essential as the fly-wheel to an engine; he has said that through his whole life he never had to regret following her advice."

At the Memorial Meeting of the Medical Society of the District of Columbia Dr. Joseph Taber Johnson said :

"When John Hancock, President of the Continental Congress, signed his name to the Declaration of Independence, in 1776, it is said that he wrote his signature in characters so large and so loud that the cry for liberty which they represented was heard around the world.

"It may be said with equal truth and propriety that, when Marion Sims fell so suddenly into the arms of death, the shock was felt wherever women suffer or surgery is practiced.

"Hancock, by his eloquence, wisdom, and example, stimulated not only his associates but posterity to patriotism, learning, and noble deeds. Sims, by his brilliant genius, patient industry, wonderful skill, and dexterity saved the lives of many, and made the burden of life less irksome to countless numbers of this and future generations. Who shall say that the former is more deserving of fame than the latter?

"Poets sing that he who dries a tear or saves a pang to suffering woman has rendered a service more praiseworthy than to have fought a battle or captured a ship.

"Those who have advocated great principles or instilled pure and noble thoughts into the minds of a people; those who have conquered the enemy of the State; he who by his conquests has added to the territorial possessions of his sovereign; statesmen who have originated, and by their zeal and ability carried through the Congress or the Parliament measures for the relief of the oppressed—all these have received just praises and adulation during their life, and monuments have been erected to perpetuate their memories after they were dead. Equally, if not more, are those benefactors of their race who devise means for saving life instead of destroying it, who by their genius rid the world of a scourge or a plague, as well as they who destroy an army or take a city.

"Prominent among the benefactors of mankind would I see the honored name inscribed, whose useful deeds we have met together to recount, and whose virtues it gives us a melancholy pleasure to commemorate.

"One of the most remarkable elements in his character, Dr. Emmet said to me only a year ago, was the cool and ready ability which he always exhibited in an emergency. His unequalled and wonderful quickness to appreciate how best to turn to good account some unlooked-for occurrence during the progress of a grave operation had been a constant surprise to him.

"This was exemplified in his operation upon a French countess whose life had been despaired of by the best medical talent in Paris. Sims, believing she could be cured, operated—in her weakness and prostration—in the presence of many celebrated physicians, and when about to close the wound, after the skillful removal of the cause of the malady, she apparently expired under the combined effects of shock and anesthesia, whereupon a bystander sarcastically remarked, 'Yes, your operation is successful, but your patient is dead. We could have done as well as that.'

"Sims had staked every thing upon this, his first prominent operation in France, and, stung to the quick by the sarcasm of this skeptical Parisian, he dropped his knife and sprang upon the operating-table, remarking, 'No, she shall not die,' seized her by the feet and swung her head downward until the anemic brain, with the aid of gravity, became supplied with blood. Nervous power was generated to cause the heart to send a vascular supply to the lungs. The patient drew a long breath, and the mysterious machinery of life moved again slowly into action, and the countess lived. The operation proved to be a success, and Sims's reputation was won.

"Hanging the head downward in cases of suspended animation from chloroform poisoning was not entirely new or original with Sims, but his cool, quick, and successful grasp of the situation was the culminating climax which won to him the hearts of the French people, ever fond of courage and dashing display when crowned by success.

"It was not, however, by stage effects, parade of wonderful cures, or by industrious importunities of partial friends or grateful patients, that Sims's glorious, phenomenal reputation was made.



This was founded upon the everlasting rock of solid scientific attainments, and upon those rare elements combined in one man which go to make up, round out, and complete the character of the Christian gentleman. It is said of him that no woman ever distrusted him, while his exceptional purity of speech and life, together with the personal magnetism of his smile, his words, his manners, attracted many to him and held them chained with the silken cords of love, gratitude, and esteem.

"It is sad to think that his last years were too full of cares, occupation, and ill-health to permit him to finish the great literary work of his life, which would recount for the benefit of posterity the various steps by which he reached the elevated plane upon which he stood. He said to me in his parlor at the Arlington Hotel, during his recent visit to this city, in answer to my regrets that its publication had been so long delayed, with a sadness and pathos in his voice which I shall never forget: 'My dear doctor, I shall never live to complete it. There are plenty of others to take up the work where I leave it, and I have more important things to do in the little of life remaining to me than to write of what I have done in the past.'

"There is a sadness also in viewing the elevation of any man to a plane so high above his fellows that he has no equals of whom to take counsel or for daily friendly intercourse; but this sadness has its alleviation in the contemplation of our honored, loved, and trusted friend, standing so high in the clouds, upon the topmost round of the ladder of fame, that it was but a step for him *over* into the confines of that celestial country where the weary are at rest forever."

THE DISCOVERY OF PERUVIAN BARK.—In the year 1638 the Count of Chinchon held his court in the vice-regal palace beside the river Rimac, Peru. The countess was grievously sick, prostrated by one of the miserable *calenturas* of the country—an ague, which would not yield to the ministrations of the physicians, or to the prayers of the archbishop and of all his clergy. It was a serious matter, for the noble lady had lost all her bright

color, and was visibly wasting to a mere shadow of her former self. The court doctors, the surgeon-general of the army, and the chief surgeons from the ships of war at Callao had been summoned in frequent consultation, but the countess was none the better. It was whispered abroad that there were native remedies, sometimes in use among the Indian slaves, by which such distempers might be healed. But the situation was delicate. Spanish etiquette was exceedingly punctilious, and when the court doctors and the surgeons from the army and the navy had pronounced an opinion, who might gainsay their doctrine?

In the midst of this dilemma the chief magistrate of the province of Loxa made his appearance at court. Eight years before he had himself wrestled with this same malignant ague, and had been healed by the administration of a bitter powder, procured from the Indians who dwelt among the mountains in his province. The pious monks of the convent at Loxa, moreover, had long possessed the secret of this remedy, having recorded its virtues as far back as the year 1600, when one of the brethren had been cured at the hands of an Indian disciple. Armed with this experience, the *corregidor* went straight to the viceroy, and urged a trial of the remedy which he had used with such advantage. Of course this raised a commotion at once. Out of the past we seem to hear voices, arguing and protesting. "Poisonous! Why, have I not swallowed whole handfuls of the stuff, and do I look like a man who has made the acquaintance of poison? Is there not a sufficient number of slaves, upon any one of whom the drug can be tried at a moment's notice? Have not the holy fathers at Loxa pronounced in favor of the remedy? Yea, verily, has not this very package been duly blessed by the Father Superior himself, before I came from home?" Such reasoning overcame all opposition at last. The countess received the bitter draught, and was healed. It is not difficult to imagine the triumph of the man of laws; let us draw a veil of decent sympathy over the features of the fashionable physicians of Lima, leaving them in shadow-land to justify their ignorance and their discomfiture. No doubt they were equal to the occasion.

During the lifetime of the next generation the substance became tolerably well known as the "Jesuits' powder." In aristocratic circles it was commonly called the "countess's powder;" and after the year 1670, when Cardinal Lugo sanctioned its use in the treatment of malarial fevers at Rome, it was considered the proper thing among all true believers to speak of it as the "cardinal's powder."

The drug was not universally received as the heaven-sent blessing which its enthusiastic friends would have it appear. In London it had encountered great opposition, for the reason that it had been introduced to notice, not by the leaders of medical opinion, but by a practitioner of inferior rank, named Tudor or Talbot. Originally an apothecary in Cambridge, this man had learned the value of the newly discovered "Jesuits' bark," and had devised an improved method for the exhibition of its remedial virtues. He removed to London about the year 1670, and was soon embroiled with the leading physicians of that city. In those days the privileges of the College of Physicians were so jealously guarded that an apothecary who treated fevers with more success than the regularly anointed doctors was looked upon as a wild beast, to be slaughtered without mercy. Evelyn records in his diary a conversation with the Marquis of Normanby "concerning the *Quinquina* which the physicians would not give to the King (Charles II), at a time when in a dangerous ague it was the only thing that could cure him (out of envy because it had been brought into vogue by Mr. Tudor, an apothecary,) till Dr. Short, to whom the King sent to know his opinion of it privately, he being reputed a Papist (but who was in truth a very honest good Christian), sent word to the King that it was the only thing which could save his life, and then the King enjoined his physicians to give it to him, which they did, and he recovered. Being asked by this Lord why they would not prescribe it, Dr. Lower said it would spoil their practice, or some such expression, and at last confessed it was a remedy fit only for Kings." According to Stillé, the jealousy excited by the success of the despised apothecary

was so great that he was obliged "to seek the protection of the court, and the king actually issued a mandate to the College, forbidding them to molest or disturb him in his practice."

Dr. Talbot achieved another splendid triumph—this time, in France. Louis the Fourteenth had been stricken down, in the year 1679, by an incorrigible ague. In vain the doctors of the court had essayed to break the fever; it would not down at their bidding. When every one was in despair, there came an Englishman, from London, who said that he had that in a little bottle which would cure his most Christian majesty. It was the apothecary Talbot, whose fame secured for him admission to the chamber of the king, where he obtained permission to administer the secret remedy which he carried. His majesty drank, and was cured.

What was the medicine which had accomplished such a marvel? It was liquid, fiery, dark, and very bitter. More than this no one could tell. The curiosity of the king was thoroughly roused. Dr. Talbot shrugged his shoulders, and hinted that the knowledge might be had for a sufficient compensation. After considerable haggling the secret was purchased for the sum of forty-eight thousand livres, and an annuity of two thousand francs, a large remuneration when we take into consideration the value of money at that time as compared with the present. The title of Chevalier was also conferred upon the doctor, and his recipe was given to the world. It was an alcoholic or vinous tincture of Peruvian bark. An official description of the medicine was published by order of the king, and La Fontaine composed a poem in honor of the event. Peruvian bark was for a time more fashionable in Paris than it had ever been at Madrid, and its virtues became gradually known throughout the greater part of Europe. Many years, however, seemed to have elapsed before its value was generally acknowledged, for in the year 1740 another conspicuous example of the ignorance or the timidity of the medical profession regarding the use of the bark was presented in the case of a most illustrious personage. Frederick the Great, riding hither and thither, from one end of his

kingdom to the other, during the months of a rainy summer, was suddenly seized with a fever. It proved to be an "aguish, feverish distemper," a "quartan ague it seems; occasionally very bad: but Friedrich struggles with it, will not be cheated of any of his purposes by it. . . . A most alert and miscellaneously busy young king, in spite of the ague." We accordingly find him writing, September 6th, to his friend Voltaire, whom he had intended to visit:

*"My Dear Voltaire:* In spite of myself, I have to yield to the quartan fever, which is more tenacious than a Jansenist; and whatever desire I had of going to Antwerp and Brussels, I find myself not in a condition to undertake such a journey without risk. I would ask of you, then, if the road from Brussels to Cleve would not to *you* seem too long for a meeting; it is the one means of seeing you which remains to me. . . . Let us deceive the fever, my dear Voltaire, and let me at least have the pleasure of embracing you."

"I was led into his majesty's apartment," writes Voltaire. "Nothing but four bare walls there. By the light of the candle, I perceived in a closet a little truckle-bed, two feet and a half broad, on which lay a little man muffled up in a dressing-gown of coarse blue duffel; this was the king, sweating and shivering under a wretched blanket there, in a violent fit of fever. I made my reverence, and began the acquaintance by feeling his pulse, as if I had been his chief physician. The fit over, he dressed himself, and took his place at table, (where we) discussed, naturally in a profound manner, the Immortality of the Soul, Liberty, Fate, the Androgynes of Plato, and other small topics of that nature."

Some talk there may have been also of the experience of the Grand Monarque with the ague, and of the manner of his cure; but if so, nothing came of it then, for we find Friedrich impatiently shaking through the month of September and far along into October, begging for "quinquina," and bitterly reviling his physicians because they would neither give him the drug of which he had heard, nor cure him of the fever, having nothing better than Pyrmont water to offer for his relief.

Thus the weeks dragged wearily on, the king growing "lean and broken down, giving up court life at Berlin, and taking refuge at his country-seat at Reinsberg, when," says Carlyle, "one Tuesday forenoon, October 25, 1740, express arrives, direct, from Vienna five days ago; finds Friedrich under eclipse, hidden in the interior, laboring under his ague-fit: question rises, Shall the express be introduced, or be held back? The news he brings is huge, unexpected, transcendent, and may agitate the sick king. Six or seven heads go wagging on this point. They decide, 'Better wait!' They wait accordingly; and then, after about an hour, the trembling-fit being over, and Fredersdorff having cautiously preluded a little, and prepared the way, the dispatch is delivered." The Emperor of Austria was dead. "Friedrich kept silence; showed no sign how transfixed he was to hear such tidings, which he foresaw would have immeasurable consequences in the world." He arose from his bed, dressed himself, and sent at once for the general of the army and for the chief minister of state. No more trifling with Pymont water now, but immediate prescription by the king himself of Peruvian bark in good round doses, which were taken with such effect that the ague was driven out "like a mere hiccup, quite gone in the course of next week; and we hear no more of that importunate annoyance" during the remainder of Frederick's life.

Still, in spite of all these brilliant triumphs, the general introduction of Peruvian bark progressed but slowly. The frightful wars which sundered the different nations and the backward state of chemistry and pharmacy were, no doubt, the principal causes of this delay. The extreme bitterness and bulkiness of the dose as formerly given must also have constituted no inconsiderable barrier to the general recognition of the virtues of the drug. It was not before the year 1820 that final success crowned the effort to separate its alkaloids from the inert constituents of the bark. I well remember the curious interest with which, when a very small boy, I watched the good family physician as he prepared at my mother's bedside her first dose of the new French medicine, quinine. It was an ordinary acid solution, illuminat-



ing the water into which it was dropped with a most beautiful tinge of fluorescent blue, but oh, how bitter! Even after this great pharmaceutical victory, ancient prejudices lingered long. But these are now for the most part traditions of the past, and after a trial of two hundred and fifty years we have exalted the once-despised *pulvis ignotus* into a panacea for almost every ill to which flesh is heir, a great and durable triumph; slowly but surely won. (Atlantic Monthly.)

THE RELATIONS IN WHICH MEDICAL MEN STAND TO THE LAW. Dr. Charles G. Garrison, in reporting to the Camden County Medical Society (Medical Bulletin), summarizes the relations of physicians to the law under three heads: (1) As a plaintiff: There is nothing in the profession peculiar to the physician. A "visit" *per se* is not a valuable consideration, and therefore not a lawful demand. "A professional visit at request of defendant," is recommended as a proper form. The defense that he did not cure or benefit defendant is no bar to recovery, as skill and care, not cure or benefit, are the conditions of the implied contract. (2) As a defendant: The law presumes that a physician agrees to furnish the fair average skill of the craft, not the highest known to the profession. (3) As a witness: This may be ordinary or expert. The ordinary witness testifies only in regard to what he saw, heard, or observed in the case, the same as any other witness. As expert, the position of the physician is judicial, and he should be called by the court and not by the contestants.

A WINK AS GOOD AS A NOD.—Dr. de la Pommerais was executed in June, 1864, for a murder of the Palmer type. On the night before his execution he was visited by Surgeon Velpeau, who after a few preliminary remarks informed him that he came in the interest of science, and he hoped for Dr. de la Pommerais's co-operation. "You know," he said, "that one of the most interesting questions of physiology is as to whether any ray of memory, reflection or real sensibility survives in the brain of a man after the fall of the head." At this point the condemned

man looked somewhat startled; but professional instincts at once resumed their sway, and the two physicians calmly discussed and arranged the details of an experiment for the next morning. "When the knife falls," said Velpeau, "I shall be standing at your side, and your head will at once pass from the executioner's hands into mine. I will then cry distinctly into your ear, 'Count de la Pommerais, can you at this moment thrice lower the lid of your right eye, while the left remains open?'" The next day, when the great surgeon reached the condemned cell, he found the condemned man practicing the sign agreed upon. A few minutes later the guillotine had done its work, the head was in Velpeau's hands and the question put. Familiar as he was with the most shocking and ghastly scenes, he was almost frozen with terror as he saw the right lid fall, while the other eye looked fixedly at him. "Again!" he cried frantically. The lids moved, but they did not part. It was all over. (Medical Review.)

THE CATHOLICITY OF MEDICINE.—This catholicity is evident: first, in the physician's comprehending the entire nature of man and thus understanding his true character. To the mere physiologist, man is simply a living organism with machinery working not unlike that of a monkey or a dog, or some other inferior animal. The psychologist tells us in the words of Phavorinus, which were written upon the walls of Sir William Hamilton's lecture-room in the University of Edinburgh, "On earth there is nothing great but man; in man there is nothing great but mind." The divine has his attention directed especially to man's moral nature, and seeks to bring it under the control of the highest motives and the most sacred influences. The political economist sees in man either producer or consumer; the legislator sees him the subject of poll-tax, if he be a man, but if he be a woman, only a promising candidate for the burden and responsibility of a poll-tax, which then, in the belief of those who are not yet educated up to the advanced thought of the times, would be a very great poll evil. The poet, the novelist, the philoso-

pher, each has his ideal man, and generally this ideal is very different from the actual man as the physician knows him. (Theophilus Parvin.)

THE DOCTOR THE TRUE ANTHROPOLOGIST.—The doctor comprehends the three-fold nature of man—man intellectual, moral, physical, and thus comes to a true anthropology. He sees him, not in the framed and flattering picture of the artist, not arrayed in the clothing of social conventionalism, but without artificial adornment, and stripped of all disguise; he sees him at all times, in all places, in all circumstances; he knows the glory and the shame, the power and the weakness, the valor and the cowardice, the goodness and the wickedness, the selfishness and the self-sacrifice, the virtue and the vice, the joy, the hope, the gratitude, the love and the despair, the hate, the ingratitude, the sin and the sorrow of this human nature. (*Ibid.*)

SPECIALTIES.—In one respect the medicine of to-day is probably inferior to that of Galen's time, the inferiority being in the number of specialties. Then there were not only oculists, lithotomists, herniotomists, and others, but also doctors who did nothing but bleed, some from artery, others from vein, and doctors who limited their practice to giving clysters. If the last specialty is revived in our day those devoted to it would doubtless take the name of *clysterodidomatists*. (*Ibid.*)

MUCH ULONG.—It is related of Sylvius, that he compelled his patients to drink from one hundred and fifty to two hundred cups of tea every day. (*Ibid.*)

WHAT IS IN A NAME?—A doctor with an Arabo-Hindustani name settled in one of the suburbs of Paris. In a short time he had a large run of wealthy patients. The police sent an officer to inquire about the diploma of the mysterious practitioner. The doctor received the officer very politely, and smilingly showed him his full certificates and diploma from the

University of Paris. "But," he said to the officer, "you will oblige me if you do not speak about this affair, for I would lose all my patients in a short time if they should know that I am a regular Parisian physician."

DR. L. P. YANDELL.—The following from the pen of Ernest Hart, Esq., the distinguished editor of the British Medical Journal, bears generous testimony to the value placed upon the late Dr. L. P. Yandell by the profession in Great Britain:

"The many warm and affectionate friends of Dr. Lunsford Yandell, of Louisville, will learn with regret that he is no more. Like his brother, Dr. David Yandell, he was much loved and valued by numerous English friends, whom his cultivated intelligence and manly and affectionate character had attached to him. He was a fine type of the chivalrous, fearless, and original-minded American physician and gentleman—a type which is well known, much valued, and always warmly welcomed here."

MATERNAL FOUNTS.—There is living in Montijo a woman with four mammary glands; two are situated in their ordinary place, and the other two, a little smaller, perpendicularly and two centimeters above, one on each side, with their corresponding nipple. She is at present nursing a child with the four breasts, all having an abundance of milk. (*Il Siglo.*)

THE REMAINS OF HARVEY were removed on Thursday, October 18th, from the vault under Hempstead Church, in Essex, to the Harvey Chapel, and placed in a sarcophagus provided by the Royal College of Physicians of England.

## **Bibliography.**

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- Elements of Pharmacy, Materia Medica, and Therapeutics. By William Whitla, M. D., Q. U. I., Physician to the Belfast Royal Hospital, etc. 1 vol., pp. 602. London: Henry Renshaw. 1884.
- Student's Guide to Diseases of the Eye. By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital and to the Hospital for Sick Children, Great Ormond Street. Second American from second revised and enlarged English edition; pp. 416. Philadelphia: H. C. Lea's Son & Co. 1883.
- Bacteria and the Germ Theory of Disease. By Dr. H. Gralh, Professor of Physiology, Chicago Medical College. 1 vol., 8vo, pp. 219. Chicago: W. T. Keener. 1883.
- Illustrations of the Influence of the Mind upon the Body in Health and Disease. Designed to Elucidate the Action of the Imagination. By D. Hack Tuke, M. D., F. R. C. P., LL. D. Second American from second English edition. 1 vol., 8vo, pp. 482. Philadelphia: H. C. Lea's Son & Co. 1884.
- A Manual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M. D. 1 vol., 8vo, pp. 386; with illustrations. New York: Bermingham & Co. 1883.
- Elements of Human Physiology. By Henry Power, M. B., London, F. R. C. S. Illustrated with forty-seven engravings. 1 vol., pp. 389. Philadelphia: Henry C. Lea's Son & Co. 1884.
- A Treatise on Syphilis in New-born Children and Infants at the Breast. By P. Didery. Translated by G. Whitley, with Notes and Appendix, by F. R. Sturgis, M. D., Professor Veneral and Skin Diseases in New York Post-Graduate Medical School. 1 vol., 8vo, pp. 310. New York: Wm. Wood & Co. 1883.
- On Pathology and Treatment of Gonorrhea. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth edition. 1 vol., 8vo, pp. 306. New York: Wm. Wood & Co. 1884.

Excessive Venery, Masturbation, and Continence. The Etiology, Pathology, and Treatment of the Diseases Resulting from Venereal Excesses, Masturbation, and Continence. By Joseph W. Howe, M. D. 1 vol., 8vo, pp. 299. New York: Bermingham & Co. 1884.

A Year-Book of Therapeutics for 1883. Edited by Royal W. Amidon, M. D. 1 vol., 8vo, pp. 250. New York: G. P. Putnam's Sons. 1884.

Shakespeare as a Physician. Comprising every word which in any way relates to Medicine, Surgery, or Obstetrics found in the complete works of that writer. The Criticisms and Comparisons of the Same with the Medical Thoughts of To-day. By J. Portman Chesvey, M. D. 1 vol., 8vo, pp. 226. Chicago: J. H. Chambers & Co. 1884.

Report of the Directors and Warden of the Kentucky Penitentiary to the General Assembly, January 1, 1884.

On a New Mode of Operating for Fistula in Ano. By Edward W. Jenks, M. D., LL. D.

The Electro-Osteotome. A New Instrument for the Performance of the Operation of Osteotomy. By Dr. Milton Josiah Roberts. New York.

A Simplified Evacuator for the Removal of Debris from the Bladder after Lithotrity. By F. N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York.

A Physician's Sermon to Young Men. By William Pratt, M. A., M. D., R. C. S. Eng., etc.